

Name
in
Full

Christopher Allen

CERTIFICATE OF DEATH

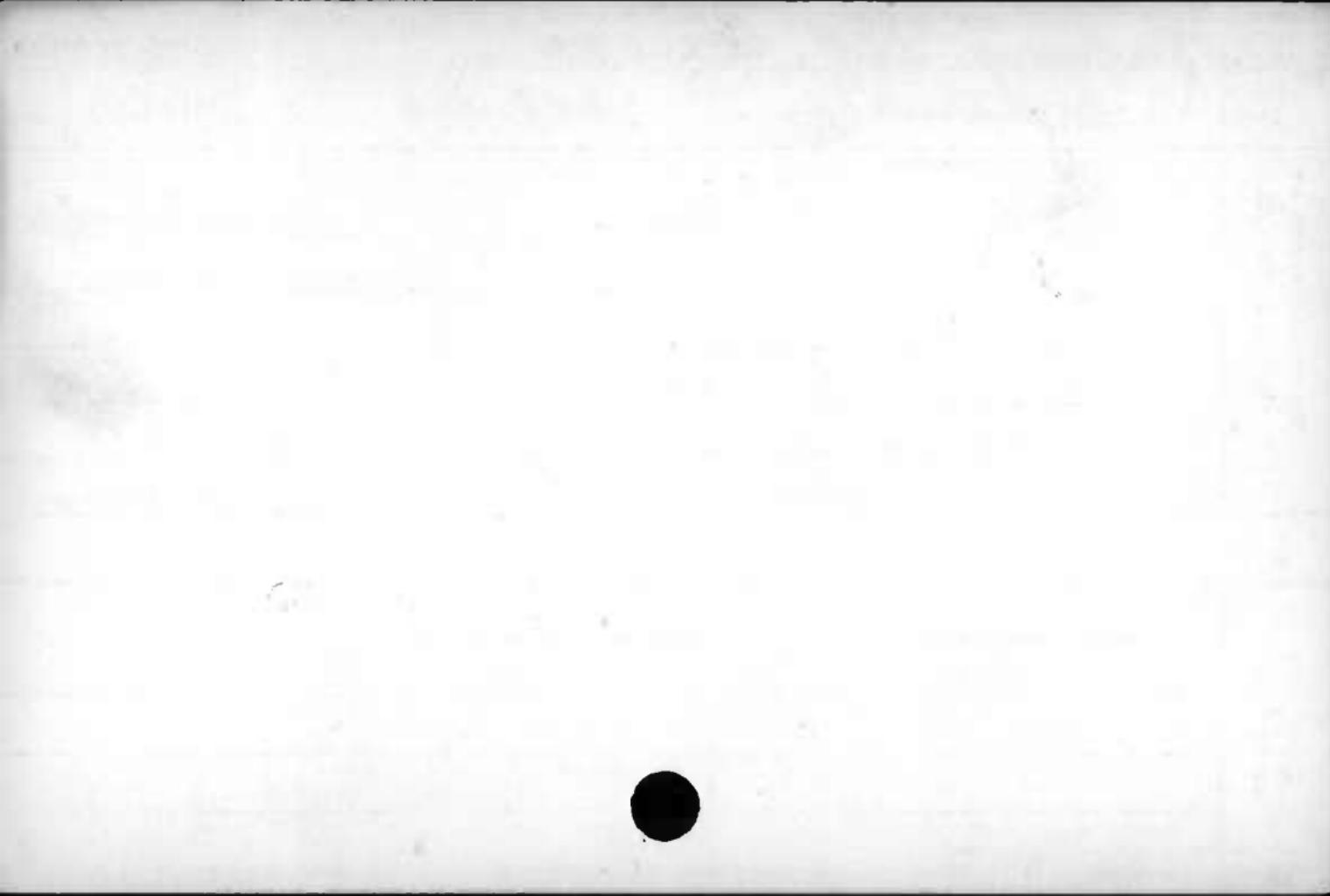
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	near Wye Mills	Anne Arundel				
Date of death	1905	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	49	5-
Occupation	Retired	Where Residing if not at place of death		near Wye Mills		
Married, Single or Widowed	Married	Name of Wife or Husband	Lillian			
Father's Name	John C. Allen	Father's Birthplace				
Mother's Maiden Name	Mary Allen	Mother's Birthplace				
Name of person giving information	7 Daddies	How related to deceased		Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	Now long	1-6 years
Immediate	Exhaustion	Now long	21
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. Adams
		Address	Severnstown, Md.
Accident or Suicide?	✓		



Name
in
Full

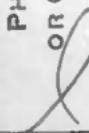
To BE ANSWERED BY
NEAREST FRIEND

Mrs Fannie S Blades
Church Hill Saco

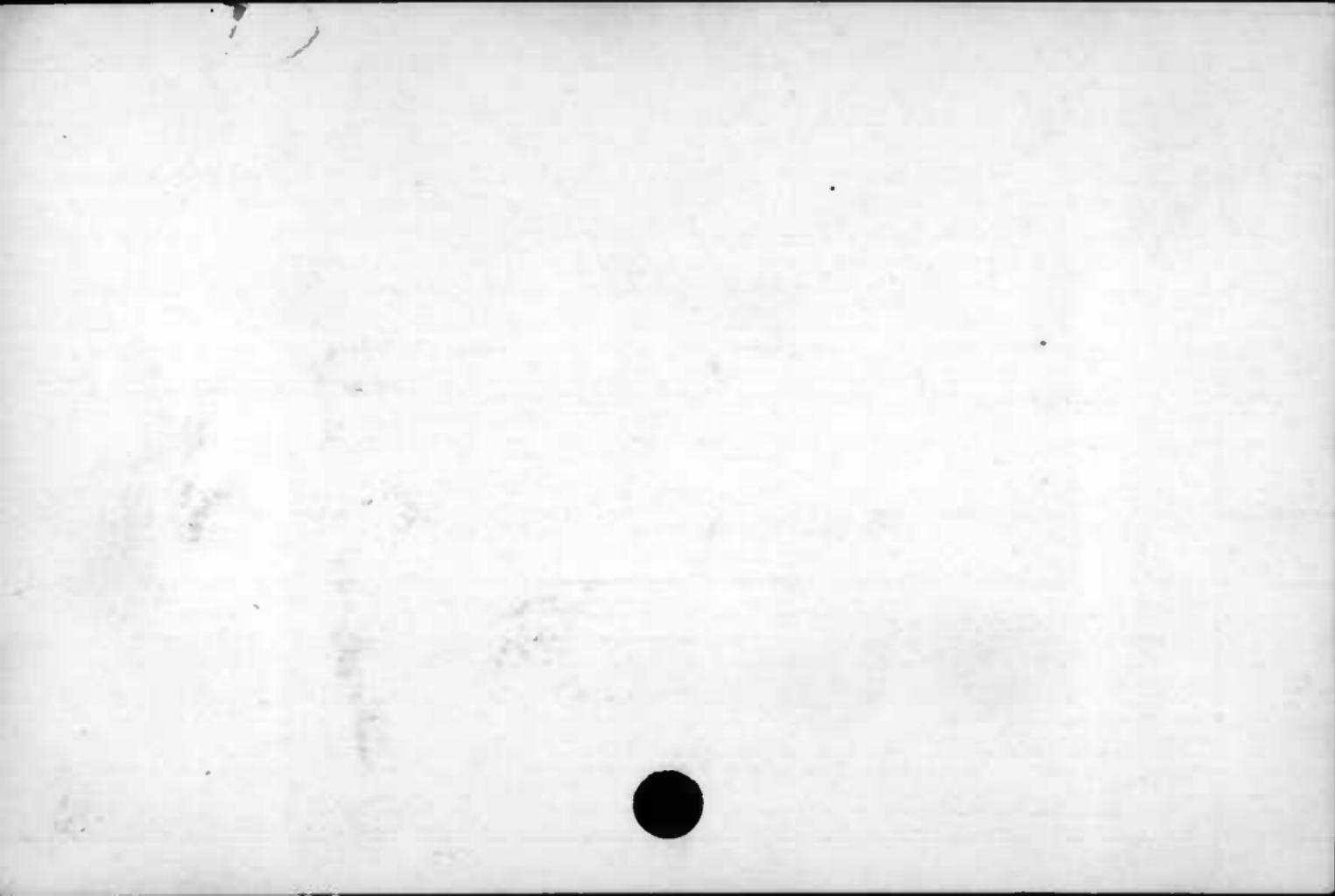
CERTIFICATE OF DEATH

MARYLAND

Died at	Town.	County			
Date of death	Month	Day	Years	Months	Days
1905	Dec	1	67-	1	-
Sex	Color or Race	Where Residing if not at place of death			
Female	white	Baltimore MD			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	John L Blades	Father's Birthplace		
Widow	John L Blades	Saco	Mother's Birthplace		
Father's Name					
Edmund Evans					
Mother's Maiden Name					
Mary Cratty					
Name of person giving information					
Wm. C. Blough					
CAUSES OF DEATH					
Primary	Tuberculosis				
Immediate	Prostration				
How long					
Several hours					
How long					
Several hours					
Are the name, age, sex, color, date and place correctly given above?	They are				
Signature of Physician	J. P. Dudley				
Address	Church Hill New Annes Co. Md				
Accident or Suicide					

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Nelson Bowser

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Star	Town	County	MARYLAND		
Date of death	1905	Month Dec	Day 8	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Star	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband	Father's Birthplace	Shipton, Md.	
Father's Name	Henry Bowser		Mother's Birthplace	Star, Md.		
Mother's Maiden Name	Caroline Carter		How related to deceased	Father		
Name of person giving information	Henry Bowser					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Weak Constitution

Immediate Cholera Infantum

Are the name, age, sex, color, date and place correctly given above?

Yes

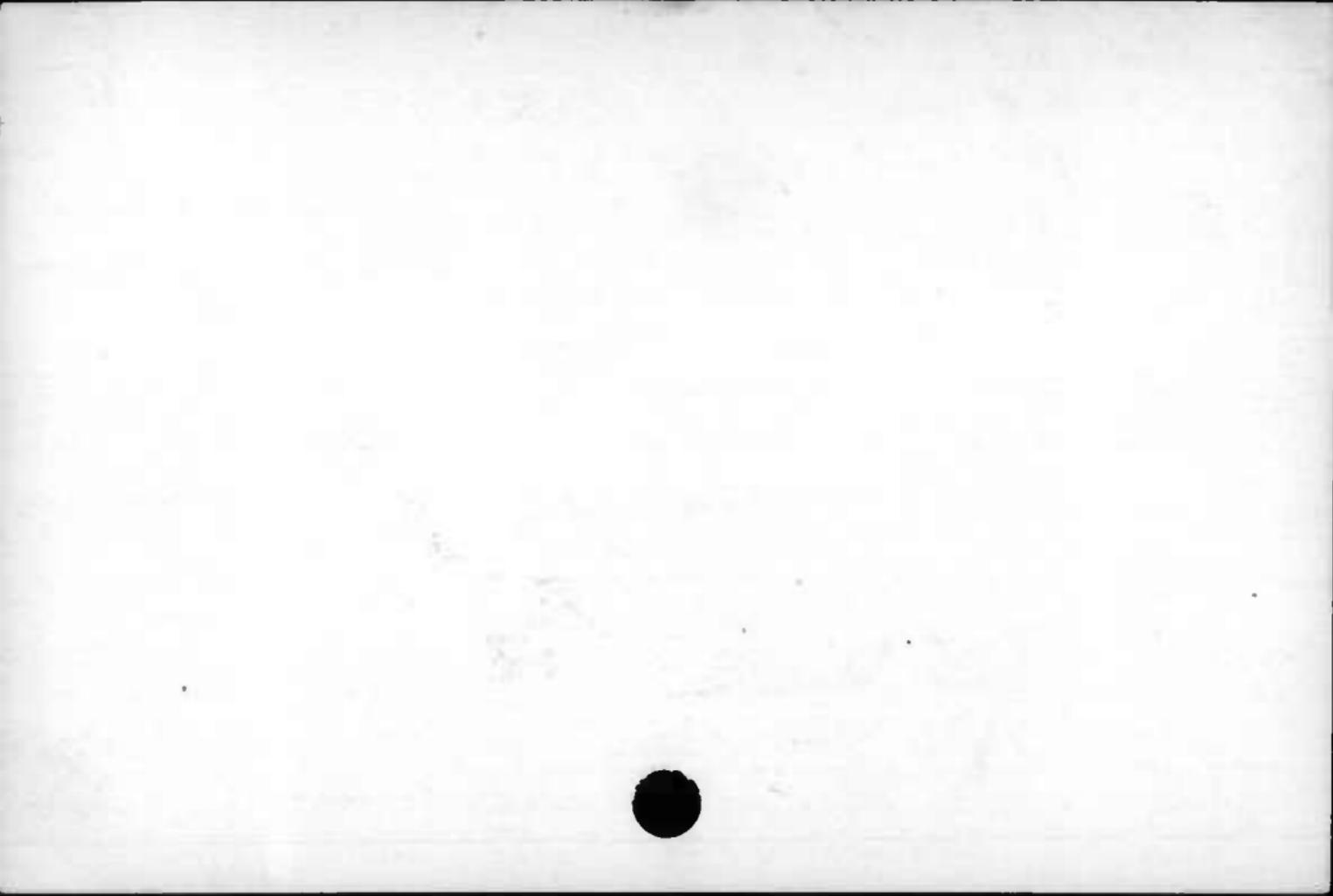
Signature of Physician

Walter G. Farby

Address

Ruthsburg
Md.

Accident or Suicide?



Name
in
Full

John J. Bradely

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Brunswick	Lawn Anne				
Date of death	1905	Month 12	Day 4	Years Age 62	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Merchant			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife & Husband	Rebecca Bradley			
Father's Name	John N. Bradley			Father's Birthplace	Maryland	
Mother's Maiden Name	Henrietta Lump			Mother's Birthplace	Maryland	
Name of person giving Information	Charles A. Bradley			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis



How long

3 or 4 yrs

Immediate

Asthma

How long

One year

Are the name, age, sex, color, date and place correctly given above?

Yes

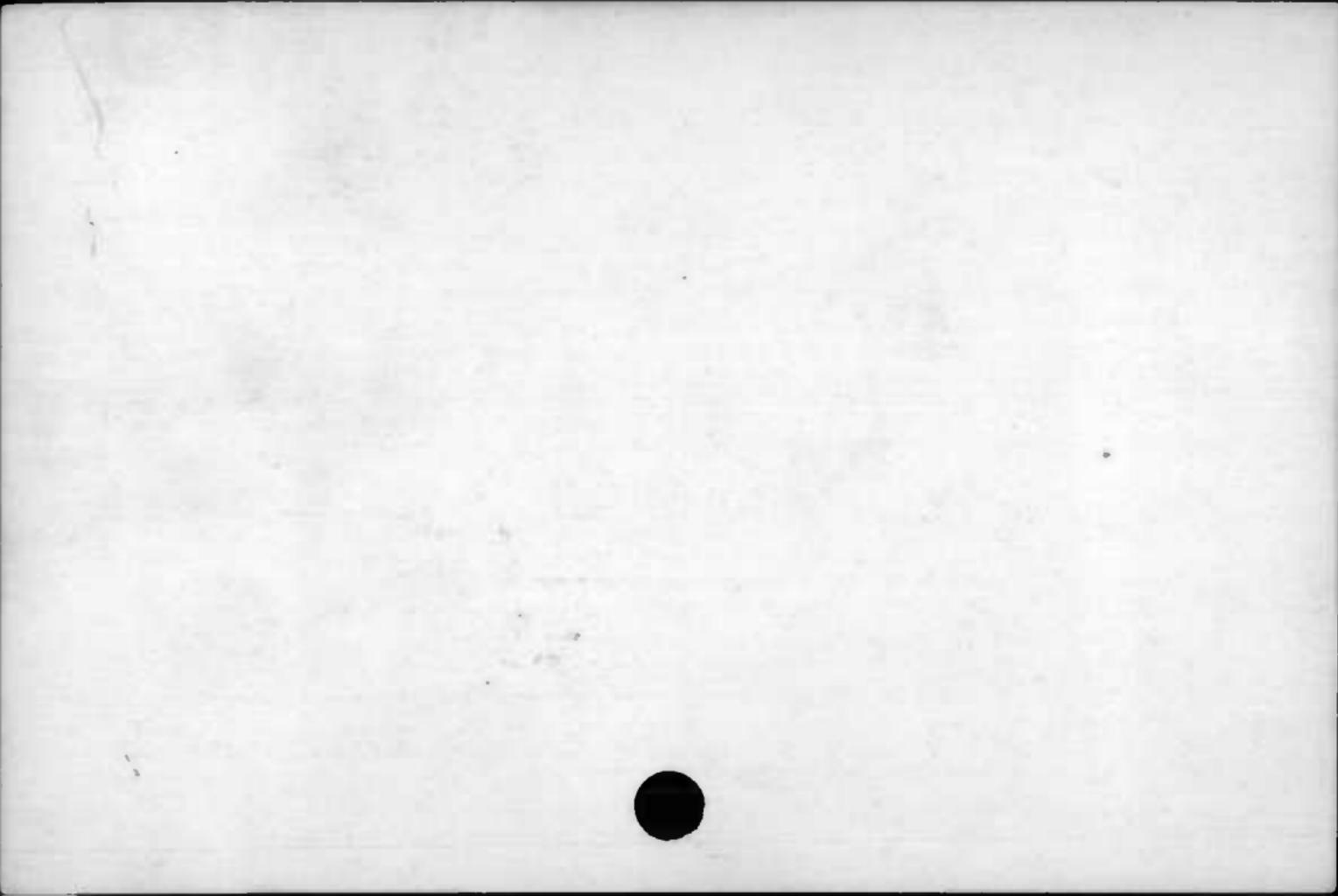
Signature of Physician

Address

Geo. W. Belton M.D.
Greensboro

Maryland

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Lehao Brown

Town

County

Died at near Culverville 2.a.

MARYLAND

Date

of death

Month

Day

Years

Age

40

Months

Days

Sex

male

Color or
Race

Black

Birth-
place

2 a. led

Occupation

Laborer

Where Residing if not
at place of death

was place of residence

Married, Single
or Widowed

Married

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Conner Jany

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

How long

How long

Instant

CAUSES OF DEATH

Primary

Killed by falling from

165

Immediate

Broken neck

Are the name, age, sex, color, date
and place correctly given above?

yes

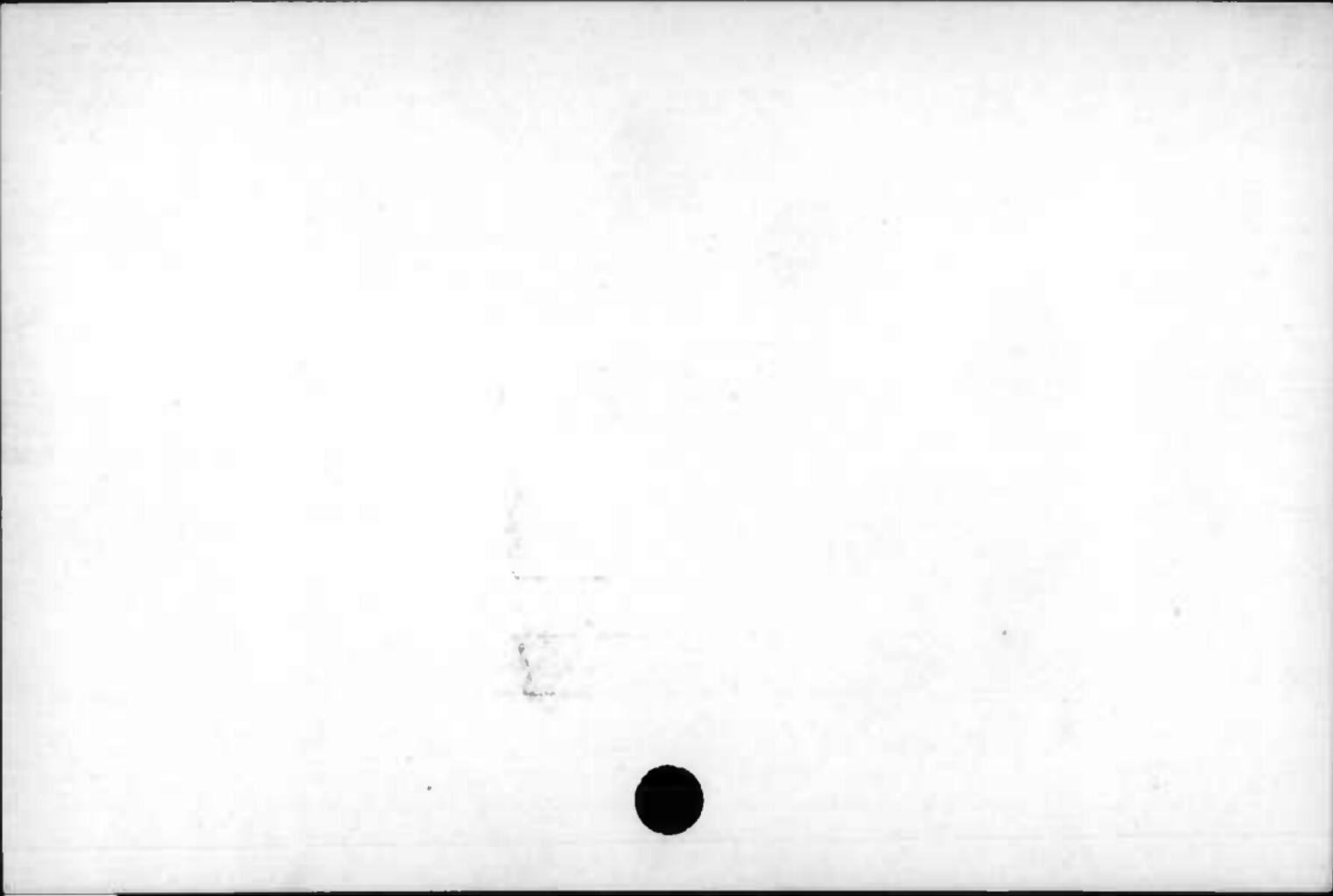
Signature of
Physician

Address

Montgomery
Culverville

Accident or Suicide?

accident



Name
in
Full

CERTIFICATE OF DEATH

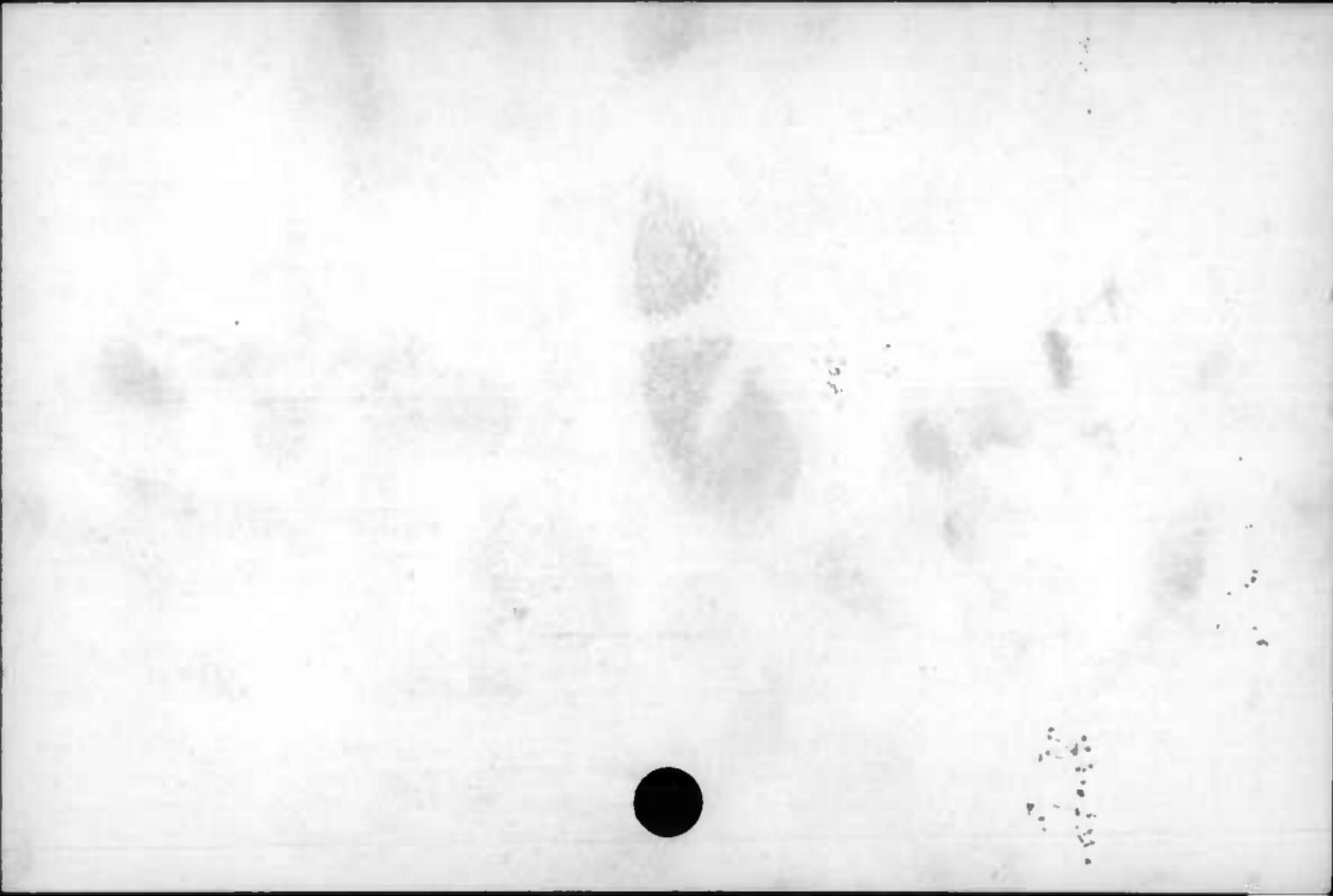
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J.W. Wesley Comerger				MARYLAND		
Died at Centreville Md		County Queen Anne's				
Date of death 190	Month Dec.	Day 5th	Years Age 42	Months —	Days —	
Sex Male	Color or Race Black	Birth-place Queen Anne's Co				
Occupation Laborer	Where Residing if not at place of death Centreville Md					
Married, Single or Widowed Married	Name of Wife or Husband Rebecca Blake					
Father's Name Samuel Comerger	Father's Birthplace Q.A. Co					
Mother's Maiden Name Minnie Watson	Mother's Birthplace Q.A. Co					
Name of person giving information Alexander Comerger	How related to deceased Brother					

CAUSES OF DEATH

45

Primary Rheumatism	How long Fourteen years
Immediate Heart failure	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address Ida Mae Finley M.D. Centreville Md
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

No name Avery (M.M.)

CERTIFICATE OF DEATH

Died at near Rockburg Town

County 2. A.

MARYLAND

Date of death 1905 Month 12 Day 15 Years — Months — Days 1

Sex male Color or Race white Birth-place near Rockburg

Occupation wm Where Residing If not at place of death place of death

Married, Single or Widowed singl Name of Wife or Husband —

Father's Name Geo Hiram Avery

Father's Birthplace 2. A. led

Mother's Maiden Name Mary Schuyler

Mother's Birthplace 2. A. led

Name of person giving Information Geo Hiram Avery

How related to deceased sister

CAUSES OF DEATH

Primary

Primallia Birth

How long

15

—

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

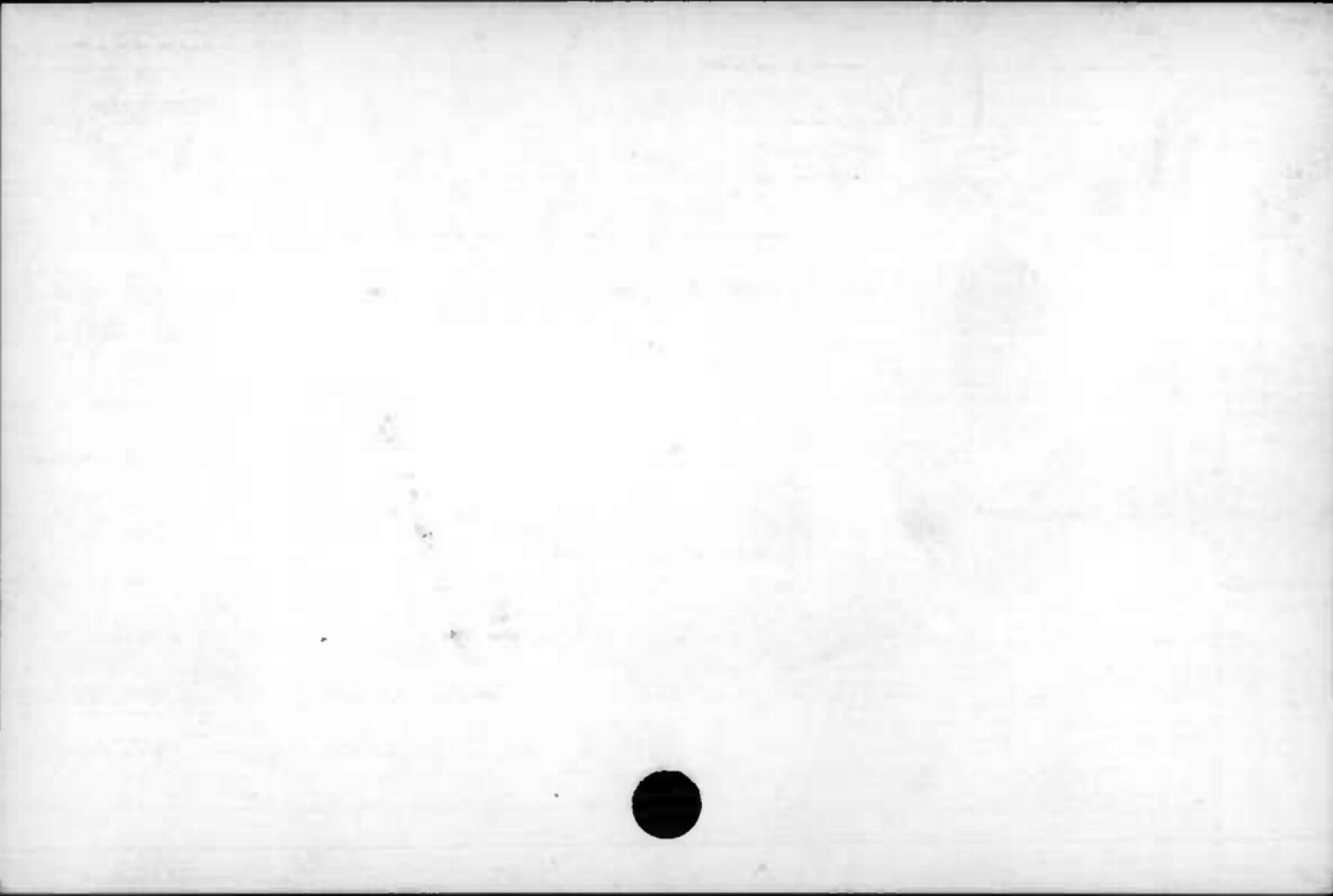
Signature of Physician

Address

Geo Hiram Avery
Baltimore
Md

Accident or Suicide?

nd



Name
in
Full

Lizzie Derry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Baltimore neck	Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	12	11	93		
Sex	Female	Color or Race	Negro	Birth-place	Md
Occupation	Servant		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Ruth Derry		
Father's Name					
Mother's Maiden Name					
Name of person giving information	Sam Baynard Aunt				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility 16 How long 14 mos

Immediate " " How long

Are the name, age, sex, color, date and place correctly given above?

yes

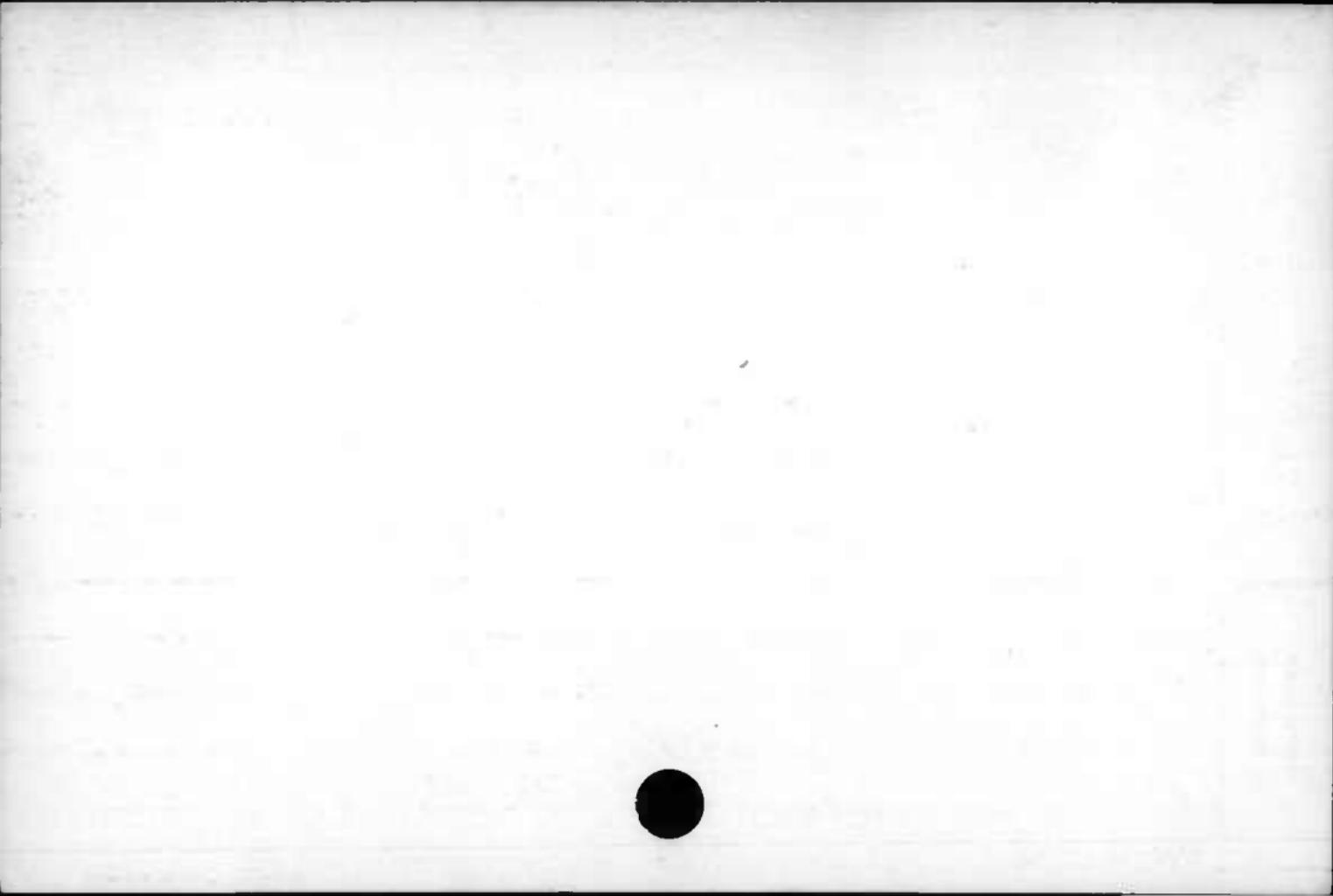
Signature of Physician

no objections reported by

John W. Addison

Undertaker, Cutroville Md

Accident or Suicide?



Name in Full

Certificate of Death

Levinia Ferrell.
 nee ^{own} church Hill. Queen Anne's

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date	1905	Dec. 6 th	Age	31	8	3	2.a. Co. House wife
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband of	Joshua Ferrell		
Wife			
Father's Name	Charles Stewart	Mother's Name	Allie Stewart

Cause of Death	Primary	Appendicitis	(18)	How long sick
	Immediate	—		9 days
				Accident, Suicide, Homicide

Reported by

J.H.W.G. Weedon

Address

Church Hill

2.a. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Catherine P Frazies

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Stevensville

Town

County

MARYLAND

Date of death 1908 Month DEC Day 2 Years 1 Months 4 Days

Sex Female

Color or Race

Age 1

Color

Birth-place

Months

Days

Stevensville

Occupation

Infaunt

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

B. Frank Frazies

Father's Birthplace

Kent Island

Mother's Maiden Name

Henrietta Ritchison

Mother's Birthplace

Name of person giving
Information

B F Frazies

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

(90)

How long

5 days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

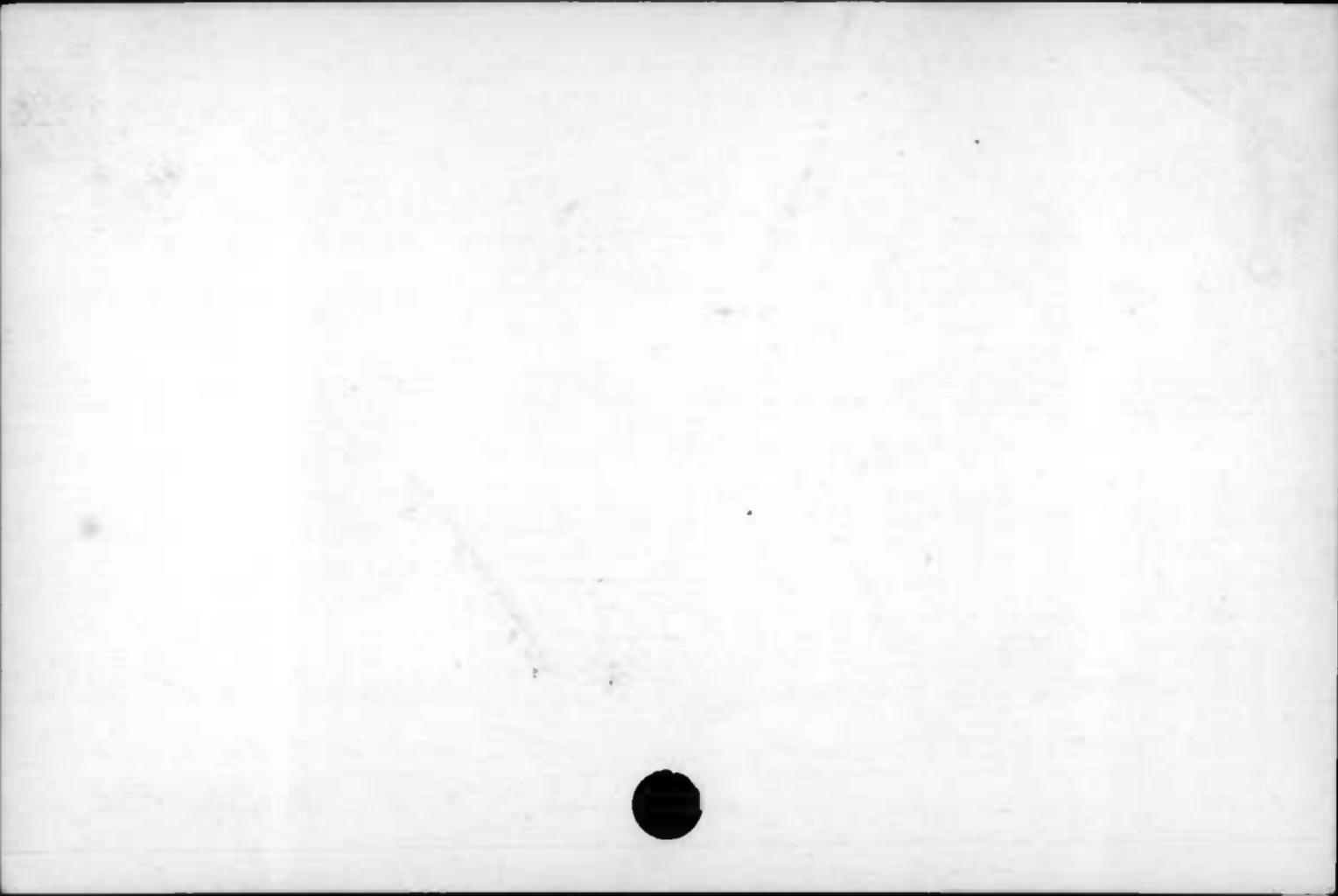
Signature of
Physician

Lewis Henry
Stevensville

Address:

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Name No name		Harrison (M.W.)	CERTIFICATE OF DEATH		
Died at	Town New Church Hill Queen Anne	County Queen Anne	MARYLAND		
Date of death	Month Dec	Day 29	Years	Months	Days
Sex	Female	Color or Race Black	Birth place Queen Anne Co.		
Occupation	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Single	Name of Wife or Husband				
Father's Name William Harrison	Father's Birthplace Md				
Mother's Maiden Name Elora Little	Mother's Birthplace Md				
Name of person giving Information B. Lelay Cappage	How related to deceased none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long 3 days
Immediate	Exhaustion	How long 3 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W.L.Cappage died
Church Hill Md.

I never saw the child
but sent to me doctor.

Accident or Suicide?

~~6~~ 6.00
+ ~~1.00~~

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Centerville</u> Town		<u>Hopkins (M M)</u> <u>Lillian Arm's</u> County		CERTIFICATE OF DEATH	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>14th</u>	Years <u>Two months</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place	<u>Centerville</u>
Occupation <u>-</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Thomas Hopkins</u>			Father's Birthplace <u>Centerville</u>		
Mother's Maiden Name <u>Julie Wells</u>			Mother's Birthplace <u>Church Hill</u>		
Name of person giving Information <u>Carrie Wells</u>			How related to deceased <u>Aunt -</u>		

CAUSES OF DEATH

Primary

natural causes -

(1) How long

Immediate

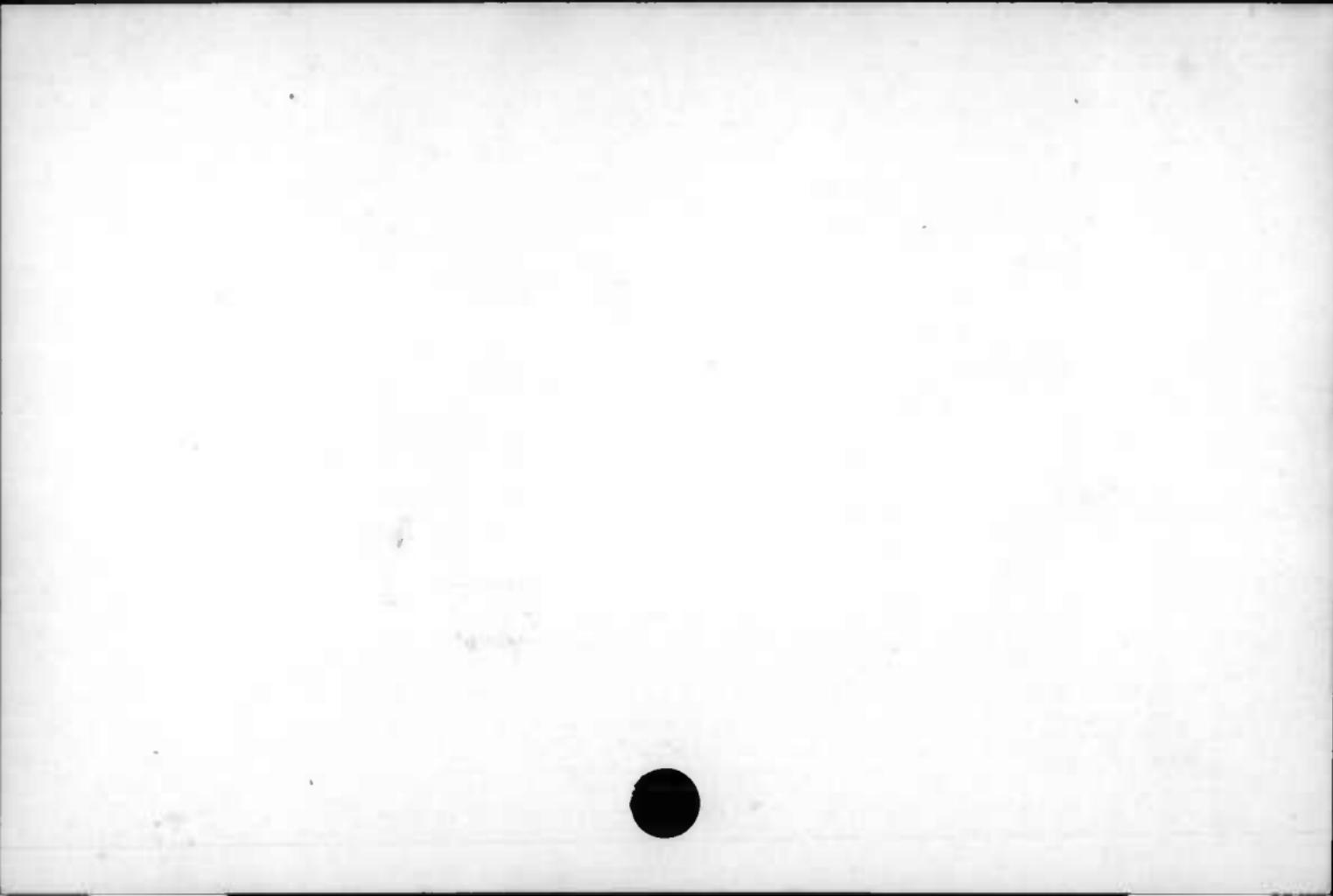
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Laura Drury
Centerville Md



Name
in
Full

George H. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND	
Died at	Haywards	James	Anne		
Date of death	1901	Month	12	Day	22
Age	60	Years		Months	
Sex	male	Color or Race	Black	Birth-place	2-A-60
Occupation	Laborer	Where Residing if not at place of death			Place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Maria Johnson		
Father's Name	Audrey Johnson			Father's Birthplace	2-A-60
Mother's Maiden Name	Alice Johnson			Mother's Birthplace	2-A-60
Name of person giving information	Charles Johnson			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mitral Regurgitation

How long

2 yrs

Immediate

Syncope

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

yes

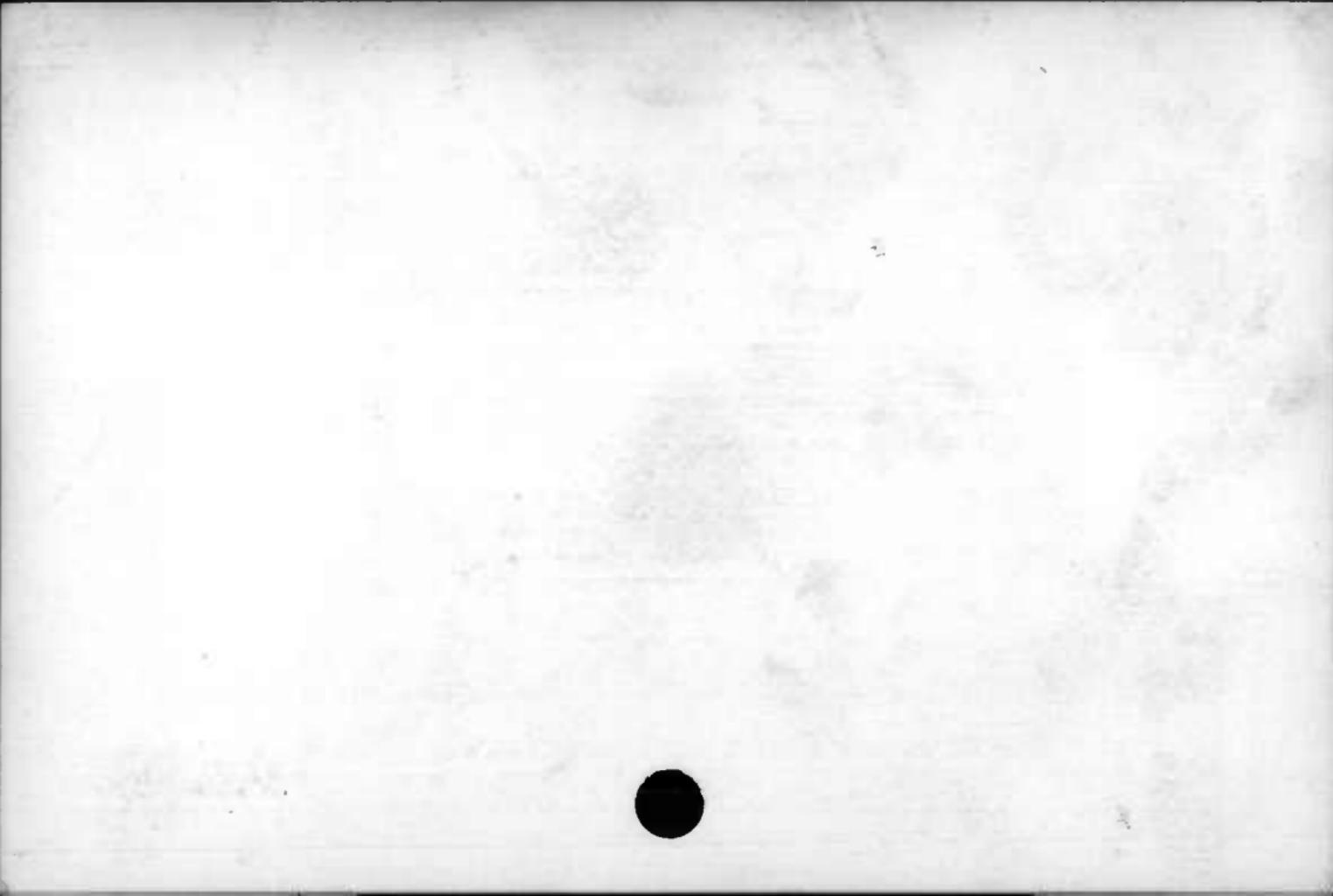
Signature of Physician

Address

James E. Johnson
Baltimore MD

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Johnson

Town
Oxon Hill, D.C.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

Dec 23

Day

Years

80

Age

Months

—

Days

—

Sex

m

Color or
Race

Black

Birth-
place

Md.

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Sam Johnson

Father's
Birthplace

md

Father's
Name

Sam Johnson

Mother's
Birthplace

md

Mother's
Maiden Name

Caroline Broadway

How related
to deceased

bro

Name of person giving
Information

Sam Johnson

Half brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General decline

How long

six mos

Immediate

Valvular heart disease

How long

2 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

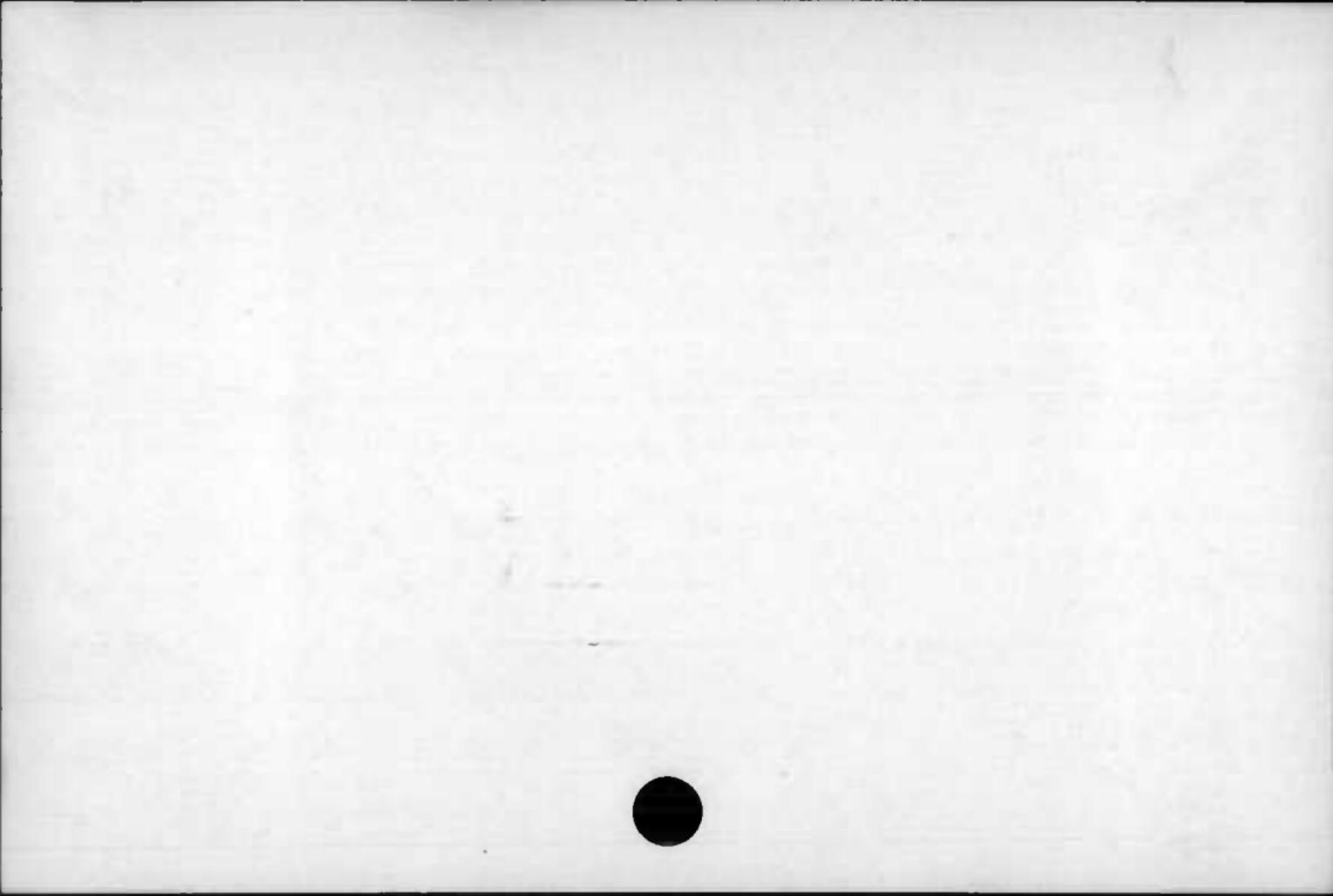
Signature of
Physician

Address

Sam Johnson

Oxon Hill, Md.

Accident or Suicide?



Name
in
Full

Lera Henry Kennedy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Michael Town		Superior Jones County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Dec	25th	2	3	5	
Sex	Male	Color or Race	Colored	Birth-place	Michael Town	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Ferminia Kennedy					Father's Birthplace
Mother's Maiden Name	Hawkins Nelpson					Mother's Birthplace
Name of person giving information	Oasury Bloke					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Neutal Lossitis

104

How long

3 days

Immediate

Exhauded

Are the name, age, sex, color, date and place correctly given above?

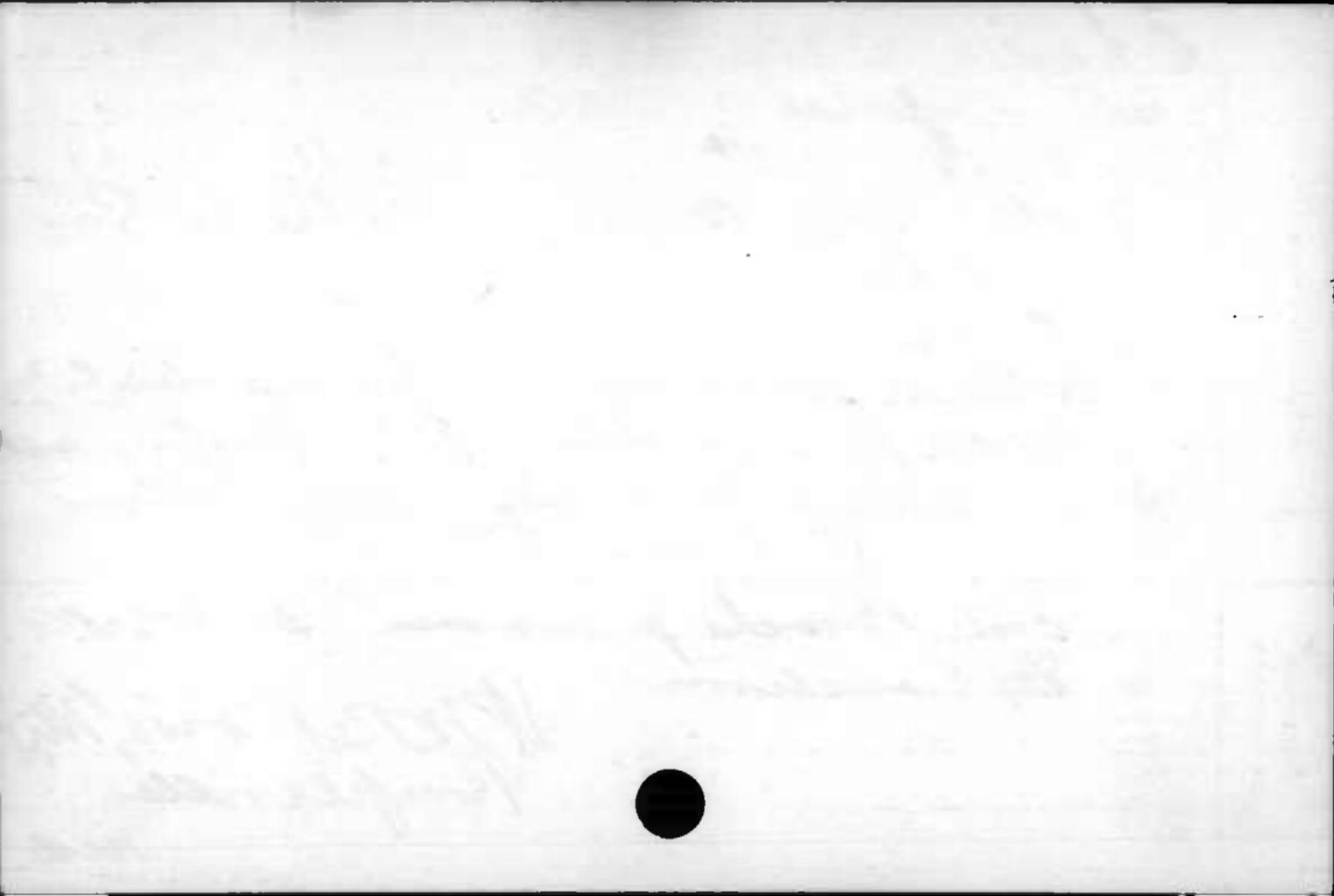
Yes

Signature of Physician

Address

P. S. Dudley
Church Hill
Mortlode

Accident or Suicide?



Name
in
Full

Charles R. Matthews

CERTIFICATE OF DEATH

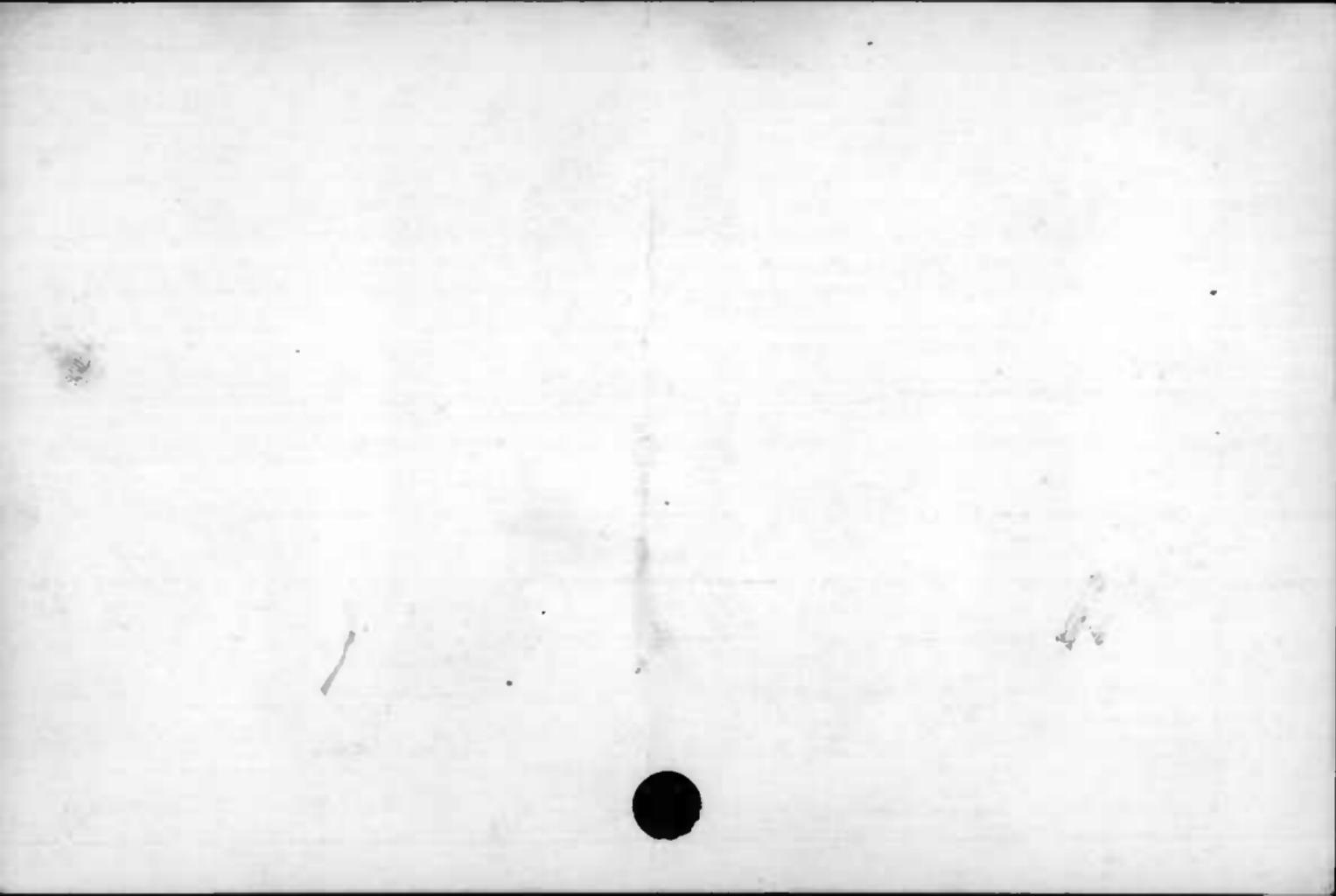
TO BE ANSWERED BY
NEAREST FRIEND

Died near	Town	Jugleride		County	D.A.	
Date of death	Month	Day	23 rd	Years	Months	Days
1905	12			Age	11	21
Sex	Male	Color or Race	Black	Birth-place	Chester, Pa.	
Occupation	Child			Where Residing if not at place of death	—	
Married, Single or Widowed	Chile	Name of Wife or Husband	—	Father's Birthplace	Caroline Co., Md.	
Father's Name	Wilbert Matthews			Mother's Birthplace	D.A. Co., Md.	
Mother's Maiden Name	Alice June Gibbs			How related to deceased	Father.	
Name of person giving information	Wilbert Matthews					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronch. pneumonia		How long	3 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H.W.B. Rose, M.D.	
		Address	Pumpkinville, Md.	
Accident or Suicide?				



Name
in
Full

Elizabeth Milbourne

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Queenstown	St. Mary's					
Date of death 1905	Month 12	Day 16	Years 83	Age	Months	Days
Sex Female	Color or Race White	Birth-place See				
Occupation Retired	Where Residing if not at place of death Queenstown					
Married, Single or Widowed Widow	Name of Wife or Husband F. Milbourne					
Father's Name Sam Palerson	Father's Birthplace Unknown					
Mother's Maiden Name Anna Stouts	Mother's Birthplace " "					
Name of person giving information & Dousno	How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage How long

Immediate General Paralysis How long

Are the name, age, sex, color, date and place correctly given above?

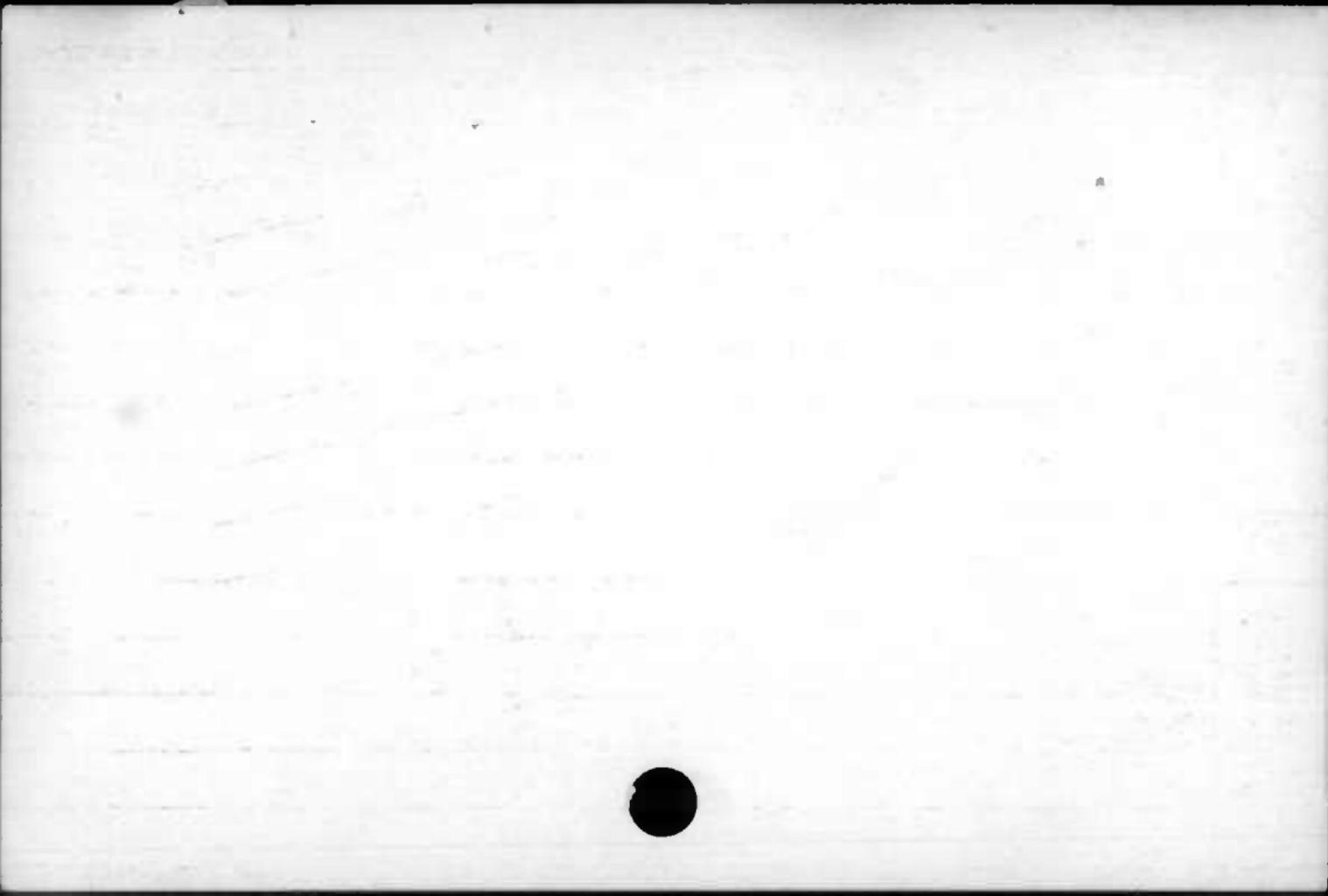
Yes

Signature of Physician

Address

Howard R. Hopkins
Queenstown
Md

Accident or Suicide?



Name
in
Full

Mrs Lawrence Nelson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	
Died at Near Lawrence	Green Anne	
Date of death 1905	Month December	Day 20
Age Few hours	Years	Months
Sex Male	Color or Race Caucasian	Birth-place Near Lawrence
Occupation Infant	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name Washington K. Nelson	Father's Birthplace near Greenstation Md.	
Mother's Maiden Name Harry W. Thomas	Mother's Birthplace Kent Island Md.	
Name of person giving information H. R. Hopkins	How related to deceased Mrs	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

How long

—

Immediate

Weak circulation

How long

Few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Howard R. Hopkins

Greenstation,
Md. west

Accident or Suicide?

In this case the Doctor, gave permission
to burn body and gave me this card -

John M. Aker.
Sub Registrar.

Name
in
Full

Joseph Richardson Price

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Chester	Queens County				
Date of death	1905	Month	Dec	Day	Years	Months
Sex	Male	Color or Race	White	Age	65	Days
Occupation	Farmer	Where Residing if not at place of death		Kent Island		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Ringgold Price			
Father's Name	John L. Price	Father's Birthplace		Queenannes Co		
Mother's Maiden Name	Elizabeth Downing	Mother's Birthplace		Queenannes Co.		
Name of person giving information	Robt. W. Price M.D.	How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fractured skull

How long

Immediate

Concussion of Brain

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Long Street, Md.
Stevensville, Md.

Accident or Suicide?

Homicide

11.80 25 $\frac{5}{6}$
111111111

Name
in
Full

Charles Riggins

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	town	County	MARYLAND	
Date of death	Month	Day	Year	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Birthplace	
Mother, Maiden Name	James Riggins			Blawern
Name of person in formation	Elizabeth Smith			Beaverton
	Miss Kathi Riggins			Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute nephritis*

How long

Two days

Immediate *Hypoxia*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

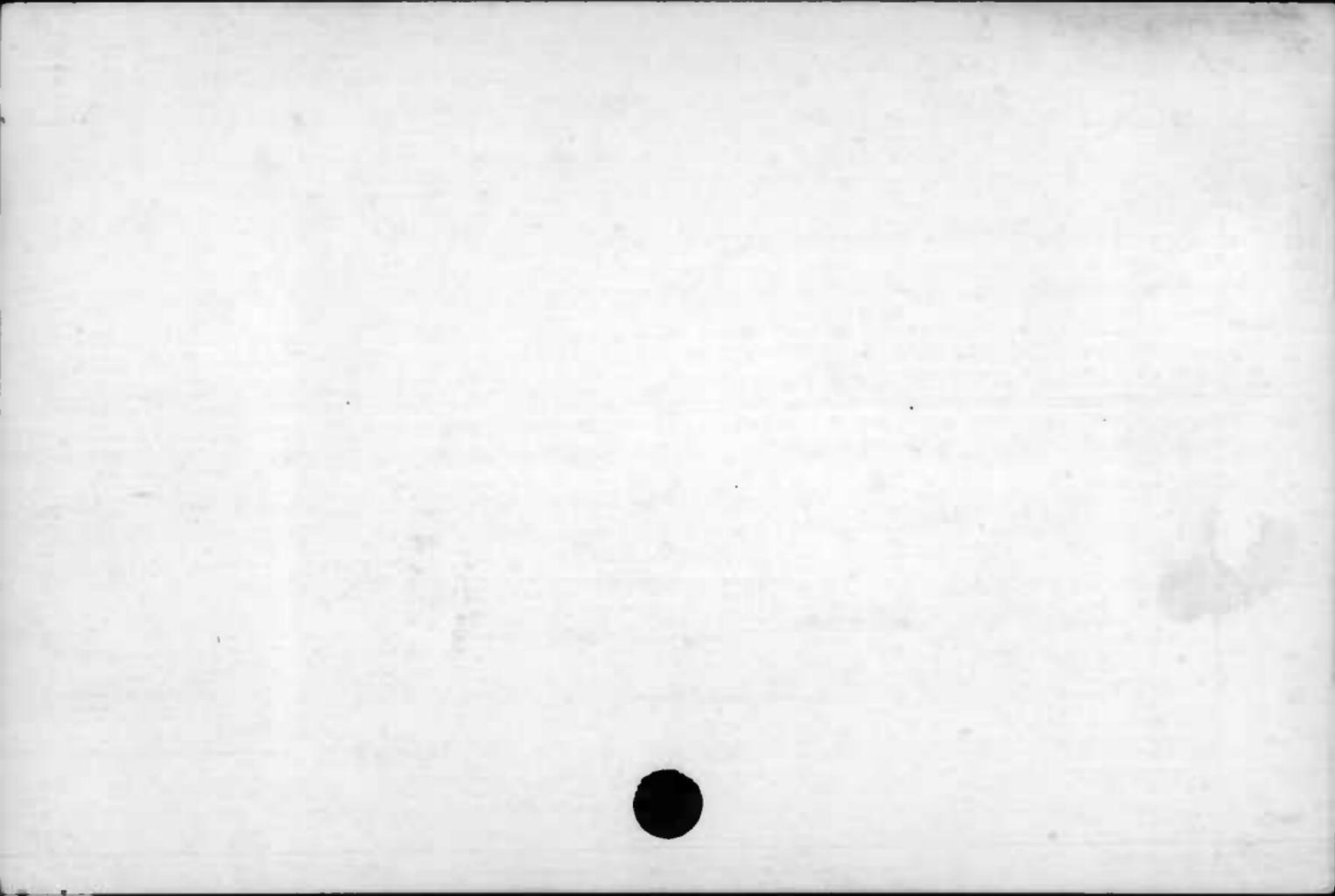
Signature of Physician

Address

H. S. Dudley

Accident or Suicide?

No



Name
in
Full

Bess R Sanders

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Chester

County
Md.

MARYLAND

Date
of death 190

Month
12

Day
7

Years
67

Months

Days

Age

Color or
Race

Occupation

Birth-
place

Sex
Male

Color
Calar

Kent Island

Married, Single
or Widowed

Married

Farmer

Name of Wife or
Husband

Febby Sanders

Father's
Name

Thomas Sanders

Father's
Birthplace

Mother's
Maiden Name

Seargant Sanders

Mother's
Birthplace

Name of person giving
Information

Brother

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Cystitis & Complications

How long

1 yr

Immediate

Septic Coma

How long

Today

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

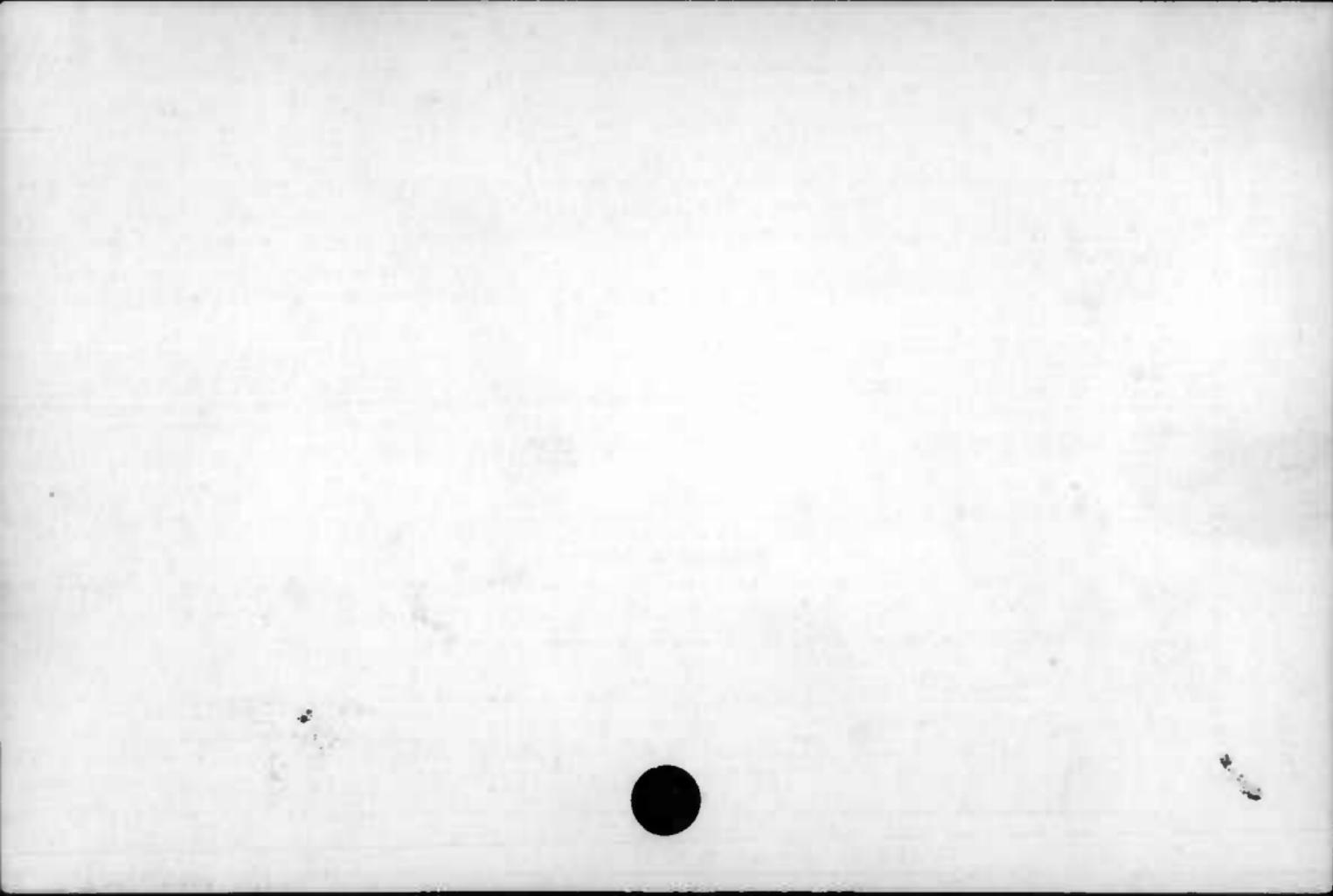
Percy Keay

Stevensville

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Skinner M M

CERTIFICATE OF DEATH

Died at Baltimore

Town

County Baltimore

MARYLAND

Date of death	Month	Day	Years	Months	Days
1905	12	18		1	3

Sex Male

Color or Race

Age

White

Birth-place

Baltimore

Occupation

Nursing

Where Residing if not
at place of death

Place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Henry Skinner

Father's Birthplace

2 A. Leo

Mother's Maiden Name

Emma R Hynson

Mother's Birthplace

2 A. Leo

Name of person giving
Information

Henry Skinner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enteritis-Catarrh

How long

4 days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

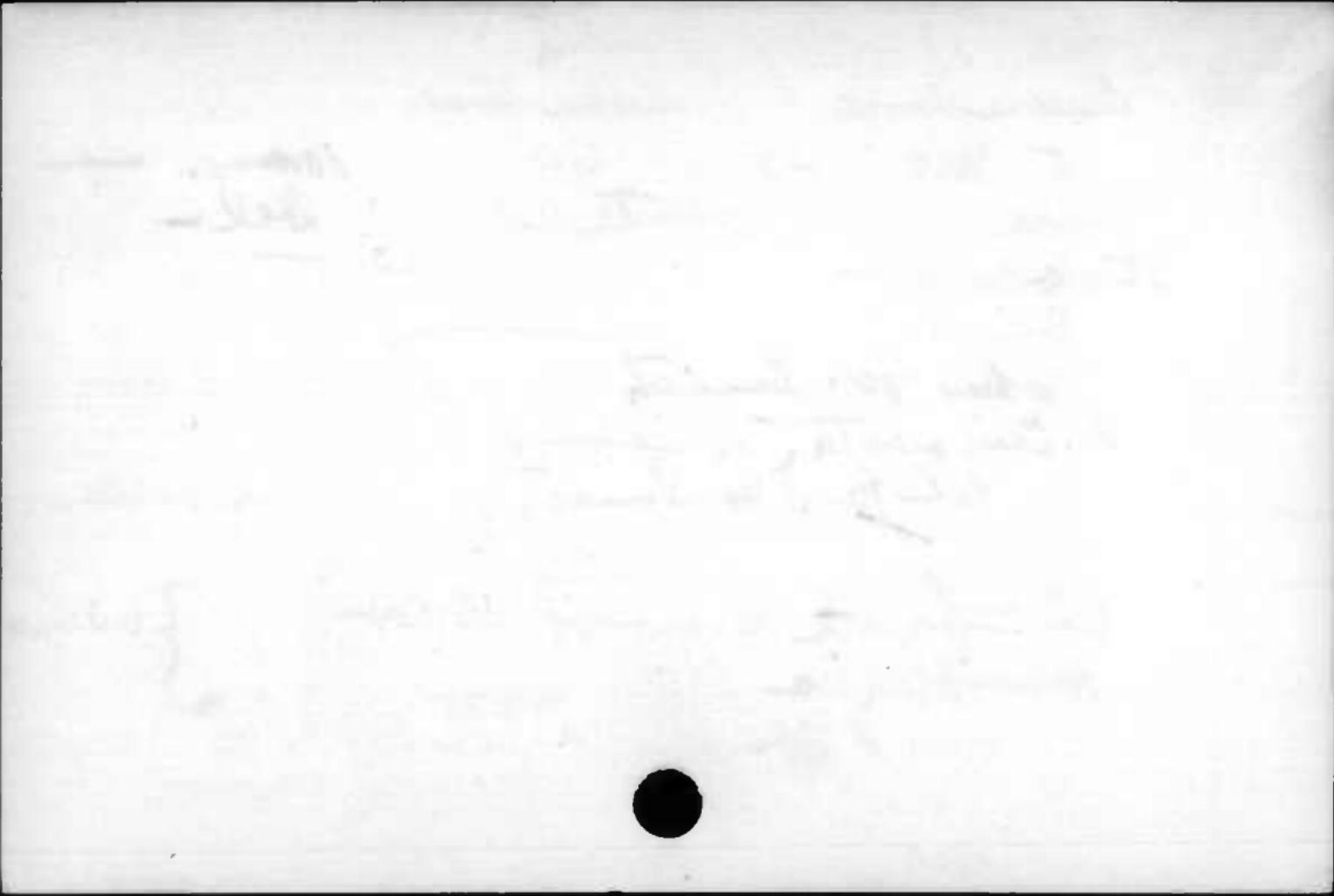
Address

J. W. Broadhead
Baltimore
MD

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

John Wesley Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Queen Anne		Town	Queen Anne		County	MARYLAND	
Date of death	1905	Month Dec	Day 28	Years Age 60	Months 10 mos.	Days —	
Sex Male	Color or Race White	Birthplace Del.					
Occupation Stock-Buyer	Where Residing if not at place of death Kent Co. Del						
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name John W. Smith	Father's Birthplace Kent Co. Del						
Mother's Maiden Name Elizabeth Williams	Mother's Birthplace " " Del.						
Name of person giving Information Alfred H. Smith (4)	How related to deceased Brother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

Immediate

Hemiplegia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

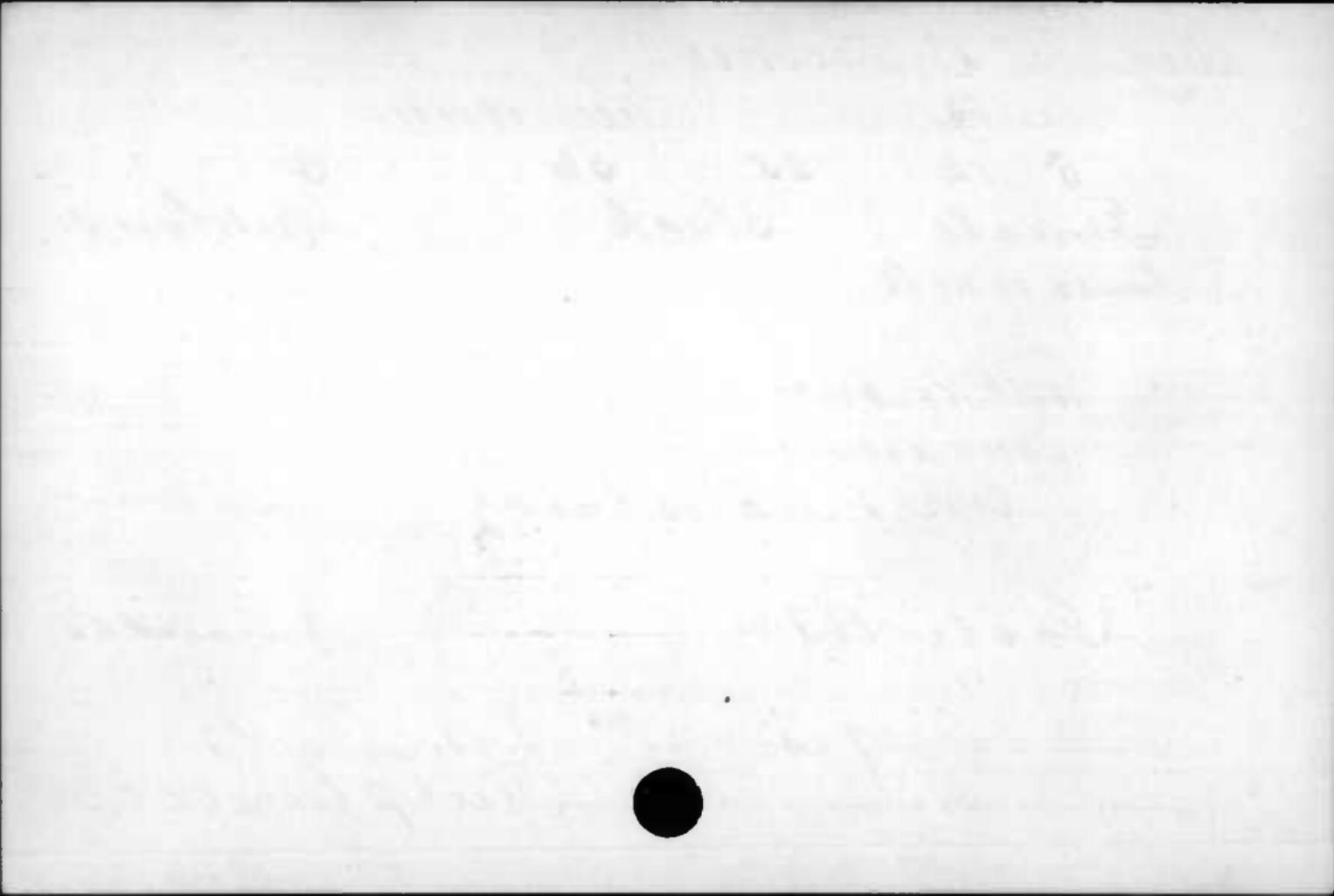
Dr. R. Hackett

Address

Queen Anne
Md.

Accident or Suicide?

No



Name

in
Full

Augusta Stansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Near Bass Bay	Queen Anne				
Date of death 1905	Month 12	Day 25	Years 56	Months 3	Days
Sex Female	Color or Race Black	Birth-place Maryland			
Occupation House work	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband				
Father's Name	Sont Know	Father's Birthplace	-		
Mother's Maiden Name	Sont Know	Mother's Birthplace	-		
Name of person giving information	Emet Stansbury	How related to deceased	Son -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastitis

How long

Smooth

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

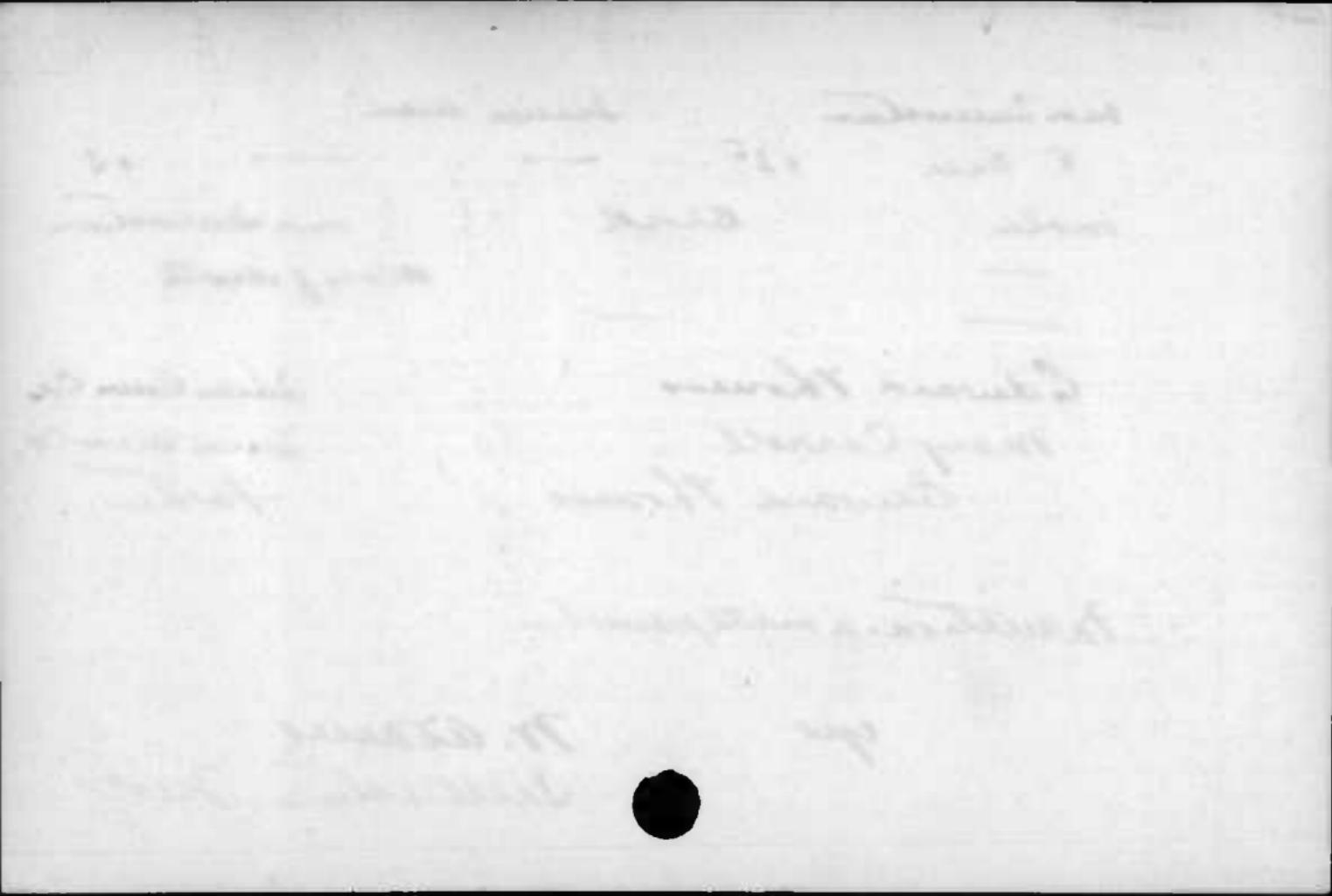
Yes

Signature
Physician

Address

J. R. Smith.
Tunsterville.

Accident or Suicide?



Name
in
Full

Thomas M. 1911

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at near Jessentown	Month	Day	Years	Months	Days
Date of death 1905 Dec.	135	Age —	—	—	13
Sex male	Color or Race	Black	Birth-place	near Jessentown	
Occupation —	Where Residing if not at place of death			Place of death	
Married, Single or Widowed —	Name of Wife or Husband —			—	
Father's Name Edward Thomas				Father's Birthplace Queen Anne Co.	—
Mother's Maiden Name Mary Carroll				Mother's Birthplace Queen Anne Co.	—
Name of person giving information Edward Thomas				How related to deceased Father	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Deviation - a month premature How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes

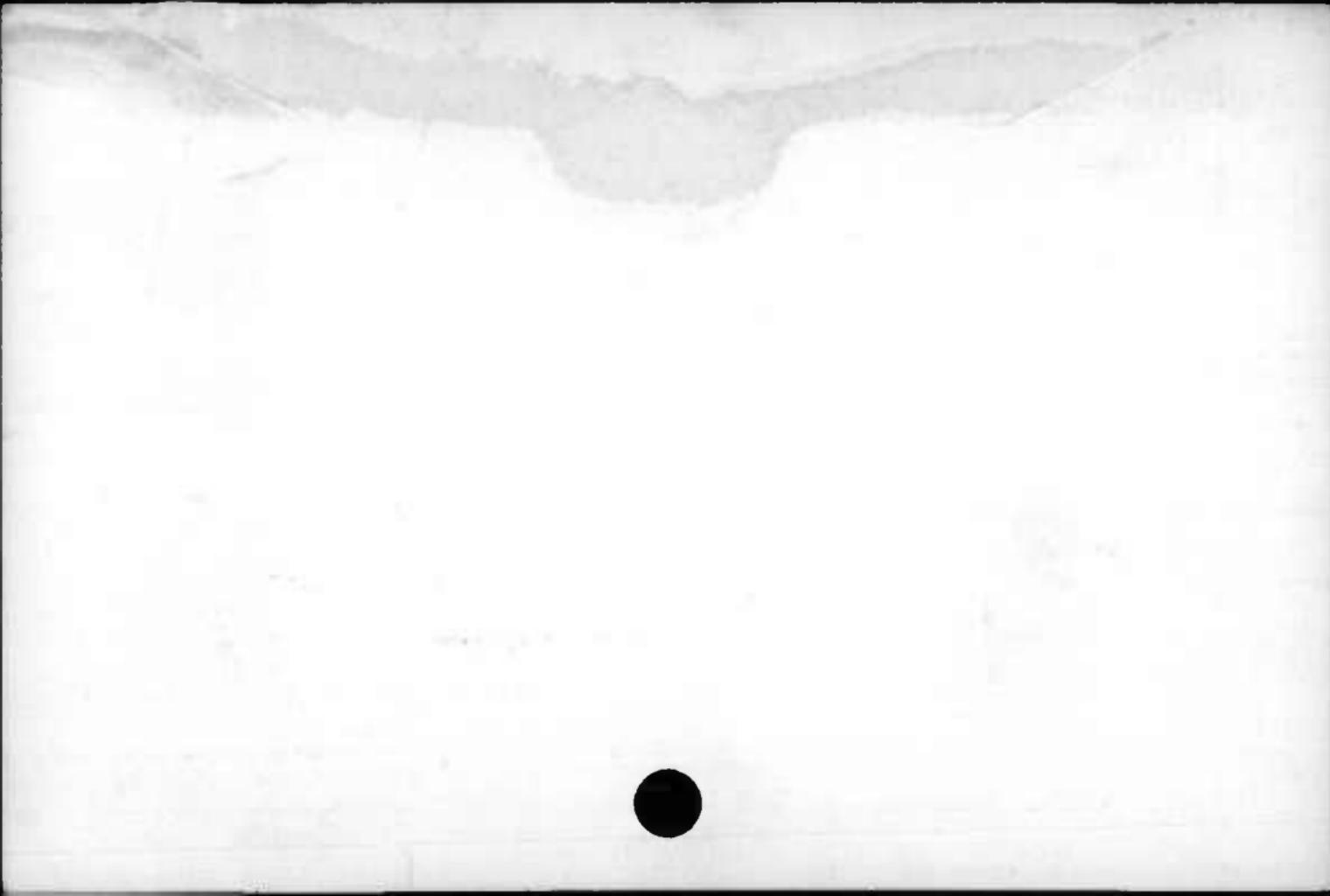
Signature of Physician

Mr. Adams

Address

Jessentown, Md.

Accident or Suicide?



Name
in
Full

George Winford Usilton

CERTIFICATE OF DEATH

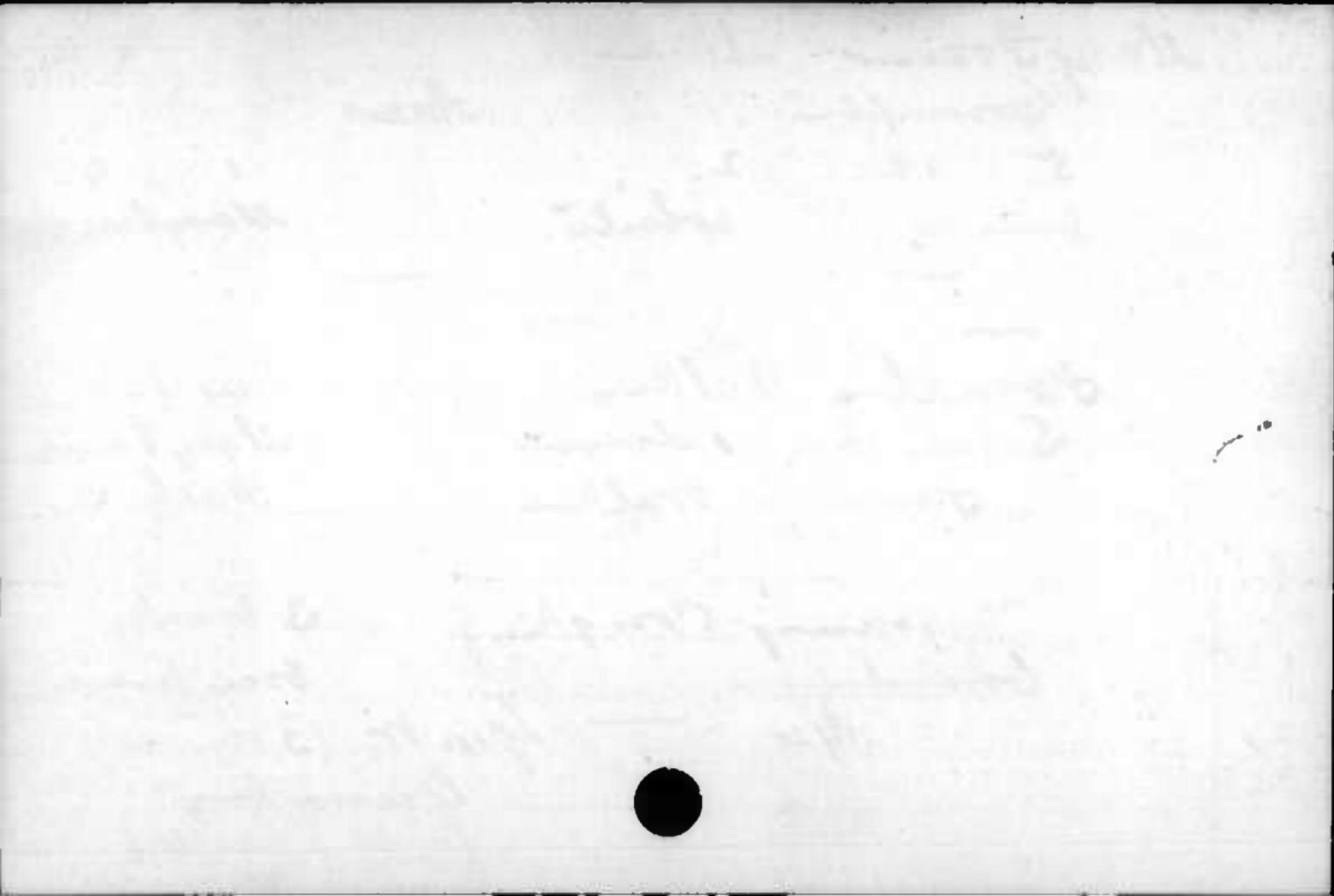
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	the place of death				
Father's Name	Ind.					
Mother's Maiden Name	Wm. Greno Sanders	Ind.				
Name of person giving information	Geo. T. Usilton	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Bronchitis & Paroxysms	How long	10 days
Immediate	Heart failure	How long	3 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wls. Cappage
		Address	Church Hill Md
Accident or Suicide?			



Name
in
Full

Mary Francis Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Brumfitt	2 New Annes		1	6
Date of death	Month	Day	Years	Months
1905	12	2	Age	Days
Sex	female	Color or Race	white	Birth-place
Occupation	—	Where Residing if not at place of death	—	—
Married, Single or Widowed	—	Name of Wife or Husband	—	—
Father's Name	Franklin Walker	Father's Birthplace	New Jersey	
Mother's Maiden Name	Sarah Ann Goddard	Mother's Birthplace	Maryland	
Name of person giving information	Franklin Walker	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

3 weeks

Immediate

Bronchitis

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo. W. Belin

Gumtree

Md.

Accident or Suicide?

